

# BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>						SERIAL NO. <b>10 573318</b>	FILING DATE	
						APPLICANT(S)		
<b>CLAIMS</b>								
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3			1					
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	1	↓		↓		↓		
TOTAL DEP.	2	←		←		←		
TOTAL CLAIMS	3							
						TOTAL IND.	↓	↓
						TOTAL DEP.	←	←
						TOTAL CLAIMS		